

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2009 JAN 20 PM 1:35

COMMITTEE NAME (Must be same as on Statement of Organization)

Cedar Rapids Physician Hospital Organization Political Action Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 2

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (if applicable) _____

Office Sought _____ District (if Senate or House) _____

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	9694
Logged in _____	
Scanned _____	
Computer _____	
Audited _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Craig R. Schenfeld
SIGNATURE OF PERSON FILING REPORT

515/283-1801
TELEPHONE

1/16/09
DATE SIGNED

I AM FILING A January 19, 2009 REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election _____

County & Local Committees, enter County in
which Election is held _____

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) \$ 11,259.35

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1,700.00

Schedule F: Loans Received total (Attach Schedule F) 0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 12,959.35

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 5,000.00

Schedule F: Loan Repayments total (Attach Schedule F) 0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) \$ 7,959.35

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$ 0.00

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 0.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A
(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Cedar Rapids Physician Hospital Organization Political Action Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-20-08	ID# CK#	Dr. Cynthia Botkin 4723 Leprechaun Lane NE Cedar Rapids, IA 52411		\$250.00	<input type="checkbox"/>
10-20-08	ID# CK#	Dr. Larry Burr 2601 Deer Lane Road Marion, IA 52302		100.00	<input type="checkbox"/>
10-20-08	ID# CK#	Cynthia Roehr 320 McKinsie Court NE Cedar Rapids, IA 52402		350.00	<input type="checkbox"/>
11-14-08	ID# CK#	Dr. Yang Ahn 9255 Atlantic Dr SW Cedar Rapids, IA 52404		250.00	<input type="checkbox"/>
11-14-08	ID# CK#	Stanley Eilers 5070 Northridge Pt SE Cedar Rapids, IA 52403-1073		250.00	<input type="checkbox"/>
12-3-08	ID# CK#	Dr. Michael Hirleman 229 Abbotsford Road Cedar Rapids, IA 52403-7003		250.00	<input type="checkbox"/>
12-31-08	ID# CK#	Ellen Davis 88 Olvie Court, Apt 5 Iowa City, IA 52246		250.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1700.00	
TOTAL (if last page of this schedule)				\$ 1700.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURESCHECK THIS BOX IF
AMENDING FORM

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Cedar Rapids Physician Hospital Organization Political Action Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-17-08	ID# 1748 CK#	Citizens for Gretchen Lawyer 1095 6th St. Marion, IA 52302	fundraiser	\$ 250.00
10-17-08	ID# 1612 CK#	Citizens for Gronstal 220 Bennett Ave. Council Bluffs, IA 51503	fundraiser	500.00
10-17-08	ID# 1347 CK#	Citizens for Robb Hogg 2750 Otis Road SE Cedar Rapids, IA 52403	fundraiser	500.00
10-17-08	ID# 1753 CK#	Citizens for Willems 110 W Market Lisbon, IA 52253	fundraiser	250.00
10-17-08	ID# 1586 CK#	Committee to Elect Art Staed 2905 Alleghany Dr. NE Cedar Rapids, IA 52402-3311	fundraiser	500.00
10-17-08	ID# 290 CK#	Committee to Elect Robert E. Dvorsky 412 6th Street Coralville, IA 52241	fundraiser	500.00
10-17-08	ID# 1602 CK#	Committee to Elect Tyler Olson P. O Box 2389 Cedar Rapids, IA 52406	fundraiser	1000.00
10-17-08	ID# 1318 CK#	Paulsen for State House Committee P. O. Box 250 Hiawatha, IA 52233	fundraiser	500.00
SUB-TOTAL				\$ 4000.00
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURES



CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Cedar Rapids Physician Hospital Organization Political Action Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12-18-08	ID# 1713 CK#	Concerned Taxpayers for Schulte Committee 1734 Chestnut Lane NE Cedar Rapids, IA 52402	fundraiser	\$ 500.00
12-18-08	ID# 1619 CK#	Nick Wagner for State House Committee P. O. Box 250 Hiawatha, IA 52233	fundraiser	500.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1000.00
TOTAL (if last page of this schedule)				\$ 5000.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)